

PGDP KEVIL DMC MATERIAL TRANSFER FORM

To ensure inclusion in the correct project file, this form MUST be attached to materials being transferred to the DMC. Please fill in all blanks in top of form. Use n/a if not applicable.

| | | | |
|--|--|---|--|
| Document Title: <u>NE/NW OPS data 7/1/99-9/30/99 sm99008</u> | | Document Date: | |
| Document Number: <u>19-43-3</u> | | Page Count:. | |
| Author/Organization: <u>Jana White</u> | | Facility/WAG/SWMU: | |
| Project Program/Title: <u>Sample Management</u> | | Document Prep. Checklist Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Clearance Form: (when required) Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Keywords/Identifiers/ "Buzz Words" | | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><u>1. NWOPS 99-10</u></div> <div style="width: 33%;"><u>2. NWOPS 99-11</u></div> <div style="width: 33%;"><u>3. NWOPS 99-12</u></div> <div style="width: 33%;"><u>4. COCs</u></div> <div style="width: 33%;"><u>5. Cims Report</u></div> <div style="width: 33%;"><u>6. Data Package</u></div> </div> | | | |
| * QA Record: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Submitted by: <u>Jana White</u> | | Date: <u>11-1-99</u> Phone: <u>5185</u> | |

*Quality Assurance (QA) Record is a completed document that furnishes evidence of the quality of items and/or activities affecting quality.

PORTION BELOW TO BE COMPLETED BY DMC STAFF

| | |
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| Comments: | |
| Publication Date: | Related Documents: |
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| FG <u>RR</u> PJ/RS <u>000ET</u> Item # <u>0029</u> | |

Indexed by: CB Date: 1/24/00

PGDP EM & EF RECORDS TRANSMITTAL LIST

Division/Department: E & TS

Owner: Jana White

Date: 11/01/99

DMC Location: ☐ Cabinet

☐ Shelf

☒ Box

DOCUMENT TITLE

DATE DOC# CODE

NWOPS99-10
NWOPS99-11
NWOPS99-12
7/1/99-9/30/99
COCs
LIMS REPORT
DATA PACKAGE
SM99008

RR000ET-0029